DATE/TIME RECEIVED:



### TOWN OF LAKE PARK SPECIAL EVENT PERMIT APPLICATION

Please read instructions before filling out application.

Please submit application ten (10) calendar days prior of proposed event to:

#### DEPARTMENT OF COMMUNITY DEVELOPMENT 535 PARK AVENUE LAKE PARK, FL 33403

Telephone: 561-881-3318 Fax: 561-881-3323

#### **Instructions:**

Please print legibly using dark ink.

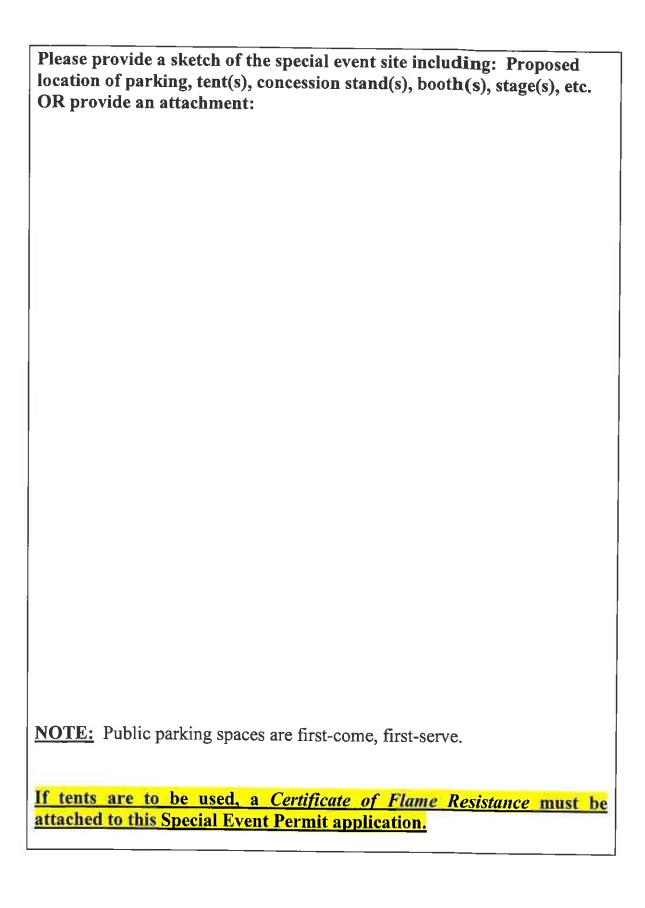
Application must be filled out completely. \$75.00 Application fee must accompany application. Non-profit/individual application fee: \$25.00 Please note the permit requirements necessary to be attached to application.

Name of Event or Name of Event Or	<u>ganizer:</u> 	
Address/Location of Event		
Detailed description of use (use addi	tional sheet if applicable)	
If the event requires a facility rental	, please contact 561-881-3338	
Dates/Times of the event:  Date Day	Begin Time	End Time
Event Day 1	()AM() PM	() AM () PM
Event Day 2	() AM () PM	() AM () PM
Event Day 3	() AM () PM	() AM () PM

## Organization(s) Producing Special Event (if applicable): Name: \_\_\_\_\_ Name: \_\_\_\_\_ Address: \_\_\_\_\_ Address: \_\_\_\_ State/Zip \_\_\_\_\_State/Zip: \_\_\_\_ Phone: \_\_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone # \_\_\_\_\_ Alternate Phone # Fax: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_\_ E-mail: \_\_\_\_\_ Individual(s) Responsible: Name: \_\_\_\_\_\_ Name \_\_\_\_\_ Address: \_\_\_\_\_ Address: \_\_\_\_\_ State/Zip: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone # \_\_\_\_\_ Alternate Phone # Fax: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail:\_\_\_\_\_\_ E-mail:\_\_\_\_\_ Purpose of the event Estimated number of participants? Has this event ever occurred in the Town of Lake Park? Yes \_\_\_ No Has this site had a Special Event Permit this calendar year? Yes \_\_\_\_ No \_\_\_\_

### \*THE FOLLOWING SECTIONS MAY NOT APPLY TO NON-COMMERCIAL EVENTS\* Will your event require road closure? Yes No If yes, describe the requested street segment closure and time and provide a traffic circulation plan. You are responsible for notifying affected businesses: (Initial to acknowledge statement) Will the event require the use of electricity? Yes \_\_\_ No Will the event require water hook-up? Yes \_\_\_ No \_\_\_\_ Describe restroom availability: Will food and/or beverages be served? Yes \_\_\_ No \_\_\_ Will the event have vendors or concession sales, including food? Yes \_\_\_ No \_\_\_\_ If yes, the event organizer is responsible for securing all respective PBC and State of Florida Health Certificates for food vendors, as well as copies of all other commercial vendor licenses. The event organizer holds full responsibility and liability for vendors. (Initial to acknowledge statement) Will Palm Beach County Sheriff's Office services be required? Yes \_\_\_ No \_ Will Palm Beach County Fire-Rescue services be required? Yes \_\_\_ No \_\_\_ Will alcoholic beverages be served? Yes \_\_\_ No \_\_\_\_ If YES, additional liquor legal liability with a \$1 million limit is required. Commercial for-profit and non-profit special events will require a Certificate of General Liability with the following limits: \$1 million per occurrence: \$2 million aggregate; \$100,000 damage to rented premises. Are you proposing signage? Yes \_\_ No \_\_\_\_

If yes, please fill out the signage permit application attached. An additional \$100 fee is required for signage.



### FOR OFFICE USE ONLY

# SIGNATURES/APPROVALS: Please sign and date.

CODE COMPLIANCE OFFICER:	
PUBLIC WORKS DIRECTOR:	
PALM BEACH COUNTY SHERIFF:	
PALM BEACH CO. FIRE-RESCUE:	
	ECTOR:
Comments:	
APPLICANT SIGNATURE:	DATE: